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ABSTRACT

The age old question about what it is that constitutes a "good" candidate for counseling has yet to be answered satisfactorily. A number of stereotyped notions and rules-of-thumb criteria have been proliferated over the years, sometimes to the detriment of certain types of clients. On the other hand, a growing body of research is available to both the researcher and the practitioner. A central theme of this article is that some rule-of-thumb schemas, such as YAVIS, do not stand upwell against the available research data. This article reviews and summarizes research on the following variables: age; marital status; sex; social class; expectancy; intelligence; sensory modality; cognitive style; level of education; level of moral development; motivation; readiness; similarity to counselor; diagnosis; and severity of adjustment. (Author/LAA)

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DIFFERENTIAL VARIABLES IN THE SELECTION OF CLIENTS

The age old question about what it is that constitutes a "good" candidate for counseling has yet to be answered satisfactorily. A number of stereotyped notions and rule-of-thumb criteria have been proliferated over the years, sometimes to the detriment of certain types of clients. On the other hand, a growing body of research is available to both the researcher and the practitioner. A central theme of this article is that some rule-of-thumb schemas, such as YAVIS, do not stand up well against the available research data. YAVIS is the acronym for Young, Attractive, Verbal, Intelligent, and Successful. (Goldstein, 1971) This article reviews and summarizes research on the following variables: age; marital status; sex; social class; expectancy; intelligence; sensory modality; cognitive style; level of education; level of moral development; motivation; readiness; similarity to counselor; diagnosis; and severity of adjustment. In many cases these research findings confirm the obvious, in many cases they question the va-

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lidity of many of our stereotyped notions, including such rule-of-thumb guides as YAVIS.

DEMOGRAPHIC VARIABLES

Age

The belief that younger clients can benefit and improve more than older clients from counseling is a firmly held tenet among counselors and therapists. True, therapists prefer to work with younger clients (below the age of thirty) but age was not a factor in the acceptance of treatment by the client (Rosenthal and Frank, 1950). On the one hand, age does not seem to be an important determiner of length of treatment (Yolom, 1966; Beck, Kantor, and Gelineau, 1963), but neither does age seem to be a particularly potent outcome variable (Meltzoff and Kornreich, 1970).

Counseling with children, adolescents and older adults takes on many forms. With children exhibiting rather specific behavior problems, behavior modification techniques have proved in some cases more successful (Bijou, 1966) than techniques which require verbalization of feelings and self-insight. Yet today, more and more counselors at the elementary school level are working with children to develop a self-awareness and self-identity rather than focusing on specific problems. In any case, the counselor who works with children knows that the child is not expected to be entirely responsible for himself and that the parents are usually involved in the treatment plan, from giving approval to providing limits, influence and support.

During adolescence, counseling generally involves present and future plans. Involved in this is usually vocational counseling, or personal counseling to help the adolescent deal more effectively with problems of family conflict, peer groups or sexual adjustment. Even though the

adolescent has become more mature and independent, he is legally a minor. His parents are responsible for him, and should be considered in the counseling plan. If possible, the parents should be informed of the counseling - preferably by the adolescent himself - and should agree to it. In some instances the counselor may find it helpful to include both adolescent and parents (Lewis, 1970).

Counseling with adults and the aged is available through a variety of agencies and institutions but generally these services are few in number and many adults are unaware of their existence. Counselors working with adults find it much different than counseling with an adolescent in a school setting. Typically the adult is likely to have a rather specific problem, the number of career options is considerably restricted, and the duration of counseling will be short (Thoroman, 1968).

The aged who are much in need of counseling have even less recourse to counseling services than adults. The person who is in his later years has a number of life changes which he may find difficult to cope with: job retirement, loss of a spouse, and physical infirmity to name a few. Kowal, et al (1964) have suggested that the aged are less willing to discuss their problems with others and engage in self-exploration. This may be due to a fear of losing the defenses which they have built up over a long period of time, plus the fact that counselors tend to be young individuals and may have difficulty in empathizing with the problems of later life.

Marital Status

In so far as it has been studied, being married or single does not appear to be an important outcome variable (Meltzoff and Kornreich, 1970). In psychotherapy, Lorr and McNair (1964) found a correlation of .41 between marital status and increase in self-other acceptance. Furthermore, married

clients were more likely to view the therapist as cool and critical.

Birth Order

There has been a resurgence of interest in birth order since Schacter's classic volume The Psychology of Affiliations (1959) appeared. Research on birth order as an input variable is just beginning. For instance, Eisenman (1966) found that in group therapy first born clients would verbalize more, and would ask more questions than later born clients.

Sex

The sex of a client does not seem to be an important outcome variable, yet women and girls appear to have a slight edge, except in behavior therapies (Meltzoff and Kornreich, 1970). But in the process of treatment, Garfield and Wolpin (1963) found that there is a tendency for women to expect more advice and direction, to emphasize emotional factors, and to take a less serious view of therapy than men. Nonetheless, Lewis (1970) feels that counselors are somewhat handicapped in working with girls because of the inadequacy of educational and vocational counseling materials, wherein test data is often normed for boys and often misapplied to girls.

Social Class

This client input variable has been the subject of much research and speculation. Nevertheless, studies have been done on social class differences in terms of source of referral, expectations about therapy, selection and acceptance for treatment by the therapist, acceptance of treatment by the client, and type and duration of treatment.

There is a note of pessimism about the possibility that counseling and therapy as presently constituted can exert much influence in alleviating

our current social problems. For instance, Blocher (1967) suggested that mental illness, alcoholism, promiscuity, and delinquency as well as most other social problems increase as one moves down the social class class scale. Furthermore, one of the most widely disseminated results of the classic Hollingshead and Redlich (1958) study was that counselors and therapists tended to be more effective with clients from middle class background than with clients from the lower classes.

Differences in patterns of referrals seem to be a function of social class. Hollingshead and Redlich (1954) found that in a sample of schizophrenics that about 86% of those from lower classes were referred by legal sources as compared with about 28% from the other classes. On the other hand, referrals by medical sources accounted for 55% of the upper class group while only 12% of the lower class group. Self-referrals and referrals by friends and relatives of clients from upper class backgrounds were nine times higher than for those from the lower classes. Parents of higher status tended to bring their children for outpatient care at an earlier age than did lower class parents (Tuckman and Lavell, 1959).

It is an overgeneralization to state that lower class clients as a group are merely seeking symptom relief when they enter treatment. This generalization has been popularized by the Hollingshead and Redlich research. But, in a well controlled study, White, Fichtenbaum, Cooper and Dollard (1966) found the average amount of physiological focus observed in a large number of interviews was not related to social class, although there was a tendency for those clients being treated with drugs to refer to physiological symptoms. This data was secured from a content analysis of transcribed interviews.

Whether clients are accepted for treatment or not can be related to

social class. Rosenthal and Frank (1958) reported that psychiatrists referred to individual therapy significantly more adult whites than Negroes, the better educated, and those in the upper income ranges. However, Baker and Wagner (1966) found no significant differences in the number of younger clients from among different social classes who were accepted or rejected for treatment at a hospital clinic.

When considering client acceptance of therapy, a number of studies (Rosenthal and Frank, 1958; Yamomoto and Goin, 1965) have indicated that lower class clients and those with less education are less likely to accept therapy and follow through with treatment, when it is offered. In terms of the type of therapy received, there appears to be a consistent relationship between intensive individual psychotherapy of the dynamic type, and the social status of the client. Those from the higher classes received this kind of treatment, and it was more likely to be provided by the senior staff. Clients from the lower classes had to wait longer to be assigned a therapist, and the therapist was usually a student, intern or social worker (Schaffer and Myers, 1954).

Though Hollingshead and Redlich (1954) found no significant differences between social class and duration of treatment, many other investigators (Schaffer and Myers, 1954; Rosenthal and Frank, 1958; Albronda, Dean and Starkweather, 1964) found that middle class clients received significantly more therapy sessions than lower class clients. They also noted that lower class clients had the greatest drop-out rates after initial contact.

Social class differences become an important process variable, and as Gordon (1964) and McMahon (1964) have suggested, the counselor who works with lower class clients, especially adolescents, will usually have to take

more responsibility for promoting environmental changes as well as utilizing the more traditional counseling framework with these clients.

EXPECTANCY

Expectancy has long been thought to play a major part in treatment but its parameters have yet to be thoroughly studied. For one thing, the term expectancy has been confused with such terms as faith, belief, confidence, and hope, to name a few. Goldstein (1960, 1962, 1971) has made expectancies the basis for his therapy research and has distinguished between prognostic and participant expectancies of both client and therapist. A prognostic expectancy is an outcome that is looked for with the conviction of being achieved. It is a prediction based on a conviction that may or may not be warranted. On the other hand, therapeutic expectancy has an object, a direction, an instrumentality, and a time dimension. The object is of success or failure in the treatment program, while the instrumentality is whatever brings about the anticipated goal. The time dimension is simply how long it takes to achieve the goal. A client enters treatment with one set of expectancies, yet other expectancies can be engendered or induced. Goldstein has observed that both therapist and client have expectancies and they may complement each other, influence each other, or conflict with each other. Furthermore, these expectancies change and it is important for the therapist to distinguish between expectancies at the beginning of therapy and the modified expectancies later in the treatment.

Rickers-Ovsiankina et al (1971) have classified four different types of client role expectations of the therapist: Nurturance (NURT), Critical (CRIT), Self-Reliant (SELF) and Cooperative (COOP). In other words, the client wants "to be taken care of," or "to be straightened out," or "to be helped to help himself," or "to be like the therapist." Therapists have

sometimes observed a sequential emergence of these expectancies during the course of treatment. It is as though some clients "progressed" from a helpless, nurturance-seeking or advice and structure-seeking position to a peer-like position relative to the therapist (Richers-Ovsiankina et al, 1971).

Goldstein (1966), as a result of his research, has summarized his major findings on expectation. They are three in number. First, the amount of change anticipated by client and therapist is positively related to subsequent change. Secondly, the role expectations of the therapist and the client do affect the treatment itself. And finally, the therapist's transaction is influenced by the degree of congruence between his and the client's role expectations.

There is some evidence that the therapist's expectancies can actually modify the client's expectations regarding the actual outcome or success of the treatment (Rosenthal, 1968; Frank, 1965; Goldstein, 1962). This line of research may signal a breakthrough in dealing with the "unmotivated" client. As Heine and Trossman (1960) and others have shown that the duration of treatment is a function of the congruence of client and therapist expectations, Frank (1959) has described experimental procedures to "teach" congruence of client expectation to therapist expectation. In other words, at the outset of treatment, the client is taught what to expect of therapy and what will be expected of him.

Toffler (1970) has suggested that knowledge of a little known phenomenon, "durational expectancy," may be helpful in dealing with younger clients. Durational expectancy refers to perceived time differences. For instance, when a fifty year old father tells his fifteen year old son that he will have to wait two years before he can have his own car, that

interval of two years represents a mere 4% of the father's lifetime to date, but well over 13% of the boy's lifetime. For the adolescent, the delay seems three or four times longer than it does for the father. Similarly, two hours in the life of a four year old may be the felt equivalent of twelve hours in the life of that child's twenty-four year old mother. Reflecting this notion of perceived time differences to a client or his parents could increase both self-understanding and better client-counselor rapport.

APTITUDE

I.Q.

Another firmly entrenched belief among counselors and therapists is that I.Q. is related to treatment success. There is a great disparity in the research findings concerning this hypothesis. Nevertheless, Meltzoff and Kornreich (1970) have suggested that a high level of intelligence is not a necessary condition for success in treatment, although some therapies may be more handicapped by the client's lack of it than others. For example, Mundy (1957) has demonstrated that therapy has been beneficial with mentally retarded children classified as imbeciles. However, Mundy cautions that the therapy goals were limited.

Sensory Modalities

A sensory modality is a system for interacting with the environment through one of the basic senses. The sensory modalities are based on the sense organs involved in seeing, hearing, touching, smelling, and tasting. The three sensory modalities of greatest importance to counselors are the visual, the auditory, and the kinesthetic. This section will describe these three modalities and their importance for counselors and therapists.

The visual modality functions when a person attends to, thinks about, and remembers visual aspects of his environment. For example, in remembering a movie one has seen, having a precise recollection of the scenery and scenes would indicate a visual modality. If another person in discussing a movie, remembered vividly the dialogue and background music, his memory would indicate a verbal or auditory modality. The kinesthetic or physical modality refers to sensation conveyed through the sense of touch. For example, after having seen a movie the kinesthetic child would be able to reenact some of the choreography of a particular scene, rather than being able to vividly recall dialogue or scenery.

Memory is one aspect of cognitive functioning and thinking is another. When a person thinks visually he thinks through images and uses his "mind's eye." In contrast, verbal thinking in words, as with the "mind's ear," does not involve images. And kinesthetic or physical thinking consists of having mental "feeling" of the texture, contour, and consistency of the environment, as through the "mind's hand" (Bissell, White and Zivin, 1971).

Of what possible interest or utility is this knowledge to counselors and therapists? Since counselors and therapists supposedly favor clients who are good verbalizers, the implication is that "visual" and "physical" clients would be risky candidates for treatment. But there is more.

Although many adults have a dominant sensory preference, the three modalities usually work "in parallel" where knowledge derived from one modality supplements knowledge from the other modalities. However, this is not the case for children. Developmentally, most children progress from a preference for the kinesthetic modality during the preschool years to later preferences for the visual and then the verbal modality. It is usually not until middle adolescence that the three modalities work "in parallel."

This, of course, is the reason why play therapy and token economies--where physical objects can be manipulated by the client--work so well with children.

But as Cuban (1970) and Riessman (1964) have pointed out, certain children never pass through these developmental stages, and remain kinesthetic learners, and consequently, kinesthetic candidates for counseling. The disadvantaged youth, especially the inner city Black, is one example. In a counseling situation, this kind of client may be misperceived by the counselor as being "unmotivated," "slow," or "resistant" because of an inability to verbalize in a manner in which the counselor or therapist is accustomed.

Knowing a client's sensory modality preference, a counselor can have recourse to a variety of intervention techniques for the non-verbal client: psychodrama, sociodrama, play therapy, and other action oriented techniques for the kinesthetic client; and bibliotherapy, systematic desensitization, and other suggestion and self-image techniques which require the client to use his imagination, for the visual client.

Cognitive Style

Cognitive style is defined as the person's typical mode of perceiving, remembering, thinking, and problem-solving. It should be noted that cognitive styles embrace both the perceptual and intellectual domains and reflect personality and social functioning. Just as an understanding of sensory modality can aid the counselor in "getting through" to his client, a knowledge of some of the dimensions of cognitive style can give the counselor an added understanding of his client's perceptual and intellectual functioning beyond that possible with the standard indices of intelligence and personality. This section will describe the dimension of field independence v. field dependence; reflection v. impulsivity; and open and

closed mindedness or intolerance for ambiguity.

Field Independence v. Field Dependence

Of all the cognitive styles, the field independence--dependence dimension is the most widely known and researched. Witkin and his associates (1954, 1962, 1966) have studied the phenomenon of psychological differentiation, and have labeled their principal construct as "analytic v. global" to indicate the intellectual and perceptual domains which they are concerned with. Field independence--dependence is the perceptual aspect of the more pervasive analytic-global cognitive style.

The perception of relatively field dependent subjects is dominated by the overall organization of the field, whereas the relatively field independent individual readily perceives elements as discrete from their backgrounds. The field dependent person typically scores low on the Picture Completion, Block Design, and Object Assembly subtests of the WISC (Cohen, 1959) and has difficulty overcoming the influence of superimposed complex designs when asked to find simple forms in an embedded-figures test. Sex differences have been reported, with females being relatively more field dependent and males field independent (Witkin et al, 1954). Developmental studies indicate that cognition becomes progressively more differentiated, and that perception becomes more field independent with age up to late adolescence (Witkin, et al, 1966).

Differences have also been noted in the type of defense mechanisms likely to be adopted by the individuals at the two extremes of the analytic and global style when confronted by conflict and stress situations. Analytic individuals are more likely to use specialized defenses such as intellectualization and isolation while global individuals are more likely to use primitive defenses such as denial and repression. Psychopathology

in analytic persons is more likely to involve problems of overcontrol, overideation and isolation, and in severe conditions, delusions are more likely to develop. On the other hand, psychopathology in global persons is more likely to involve problems of dependence with symptoms such as alcoholism, obesity, ulcers, and asthma. In severe conditions, hallucinations are likely to develop (Witkin, 1965).

It may seem that analytic or field independent persons have an advantage over the global or field dependent person in terms of everyday functioning. However, field dependent persons have been observed to be more sensitive to social stimuli. And though they are more vulnerable to the persuasion of salesmen, politicians, and their peers, they are also more adept at the art of interpersonal accommodation than are field independent persons (Wallach, Kogan, Burt, 1967; Linton, 1955). Dinkmeyer and Muro (1971) found that the effective group counselor is relatively field dependent, since he tends to be more interpersonal and less directive than the field independent counselor.

Reflection v. Impulsivity

Of all the dimensions of cognitive style, reflection--impulsivity has the most direct implications for the educational process (Kogan, 1971) and consequently for counseling, especially with very young children. This dimension involves the person's evaluation of his own cognitive products: his willingness to pause and reflect on the accuracy of his hypothesis and solutions. While some children act upon the first hypothesis or thought that enters their minds, others spend considerable time in reflection before deciding on a specific alternative. Reflection--impulsivity is usually assessed by the Matching Familiar Figures (MFF) test (Kagan, 1966). Over an age range of five to eleven, there is an increase in response time and

correspondingly a decrease in errors on this test.

Impulsive children notably respond more quickly and make more errors on inductive reasoning tasks. This debilitating effect of impulsivity is apparent in both the results of standardized testing and classroom behavior.

Since intelligence tests for children often include subtests of inductive inference as well as response uncertainty, the impulsive child's performance on such subtests may be considerably hindered, thereby deflating the child's overall IQ score. According to Kogan (1971) the debilitating effects of impulsiveness on inductive reasoning and related forms of thinking are analogous to the disadvantage of field dependent children on the analytic cluster of the WISC subtests.

Similarly, the impulsive child is at a disadvantage in classroom interactions. Teachers tend to perceive the behavior of these children as "disruptive," "hyperactive," and "distractable" (Ausubel, 1968). It may well be that certain children who are labeled as having "learning disabilities" may not have minimal brain dysfunction at all, but may actually have impulsive learning tempos.

If an impulsive child is of high ability he is likely to be perceived by the teacher as being very bright because he responds rapidly to the teacher's questions with correct answers. However, the impulsive child of low ability is likely to be perceived by both teacher and classmates as a "failure," a "wise guy" or a "dummy" because of the "answers" he blurts out. Kagan (1965) has observed that reflective children of low ability consider themselves to be more "capable" than their impulsive counterparts.

In his consultant role, the counselor may be able to provide assistance to the impulsive student and his teacher. Both experimental and field studies have shown that experienced reflective teachers working with groups

of impulsive learners were able to foster reflectiveness in their students (Yando and Kagan, 1968). And because the impulsive may score low on IQ tests, the counselor can suggest to teachers that the label "dull normal" and "slow" learner is really inappropriate for impulsive learners, since their IQ score is deflated by their difficulty with inductive reasoning and response uncertainty, and therefore not truly indicative of his ability.

Open and Closed Mindedness

Open and closed mindedness is both a cognitive style and a personality trait. According to Rokeach (1960) human beings tend to "organize their world of ideas, people, and authority basically along lines of belief congruence, (and that) what is not congruent is further organized in terms of similarity to what is congruent." Rokeach (1960, 1968) has obtained evidence of a generalized "open-closed" dimension of belief systems as measured by the Dogmatism Scale and the Opinionation Scale.

Closed mindedness is a general unwillingness to examine new evidence after an opinion is formed, and a tendency to view controversial issues in terms of blacks or whites. Dogmatism or closed mindedness inhibits problem solving and synthetic thinking, and has been found to be positively related to anxiety level. Opinionation is the tendency to form strong beliefs which are highly resistant to change. Typically, these beliefs are formed on the basis of equivocal evidence. Likewise, there is a tendency for the opinionated person to reject other persons because of their beliefs (Ausubel, 1968).

Closed minded individuals tend to score lower than open minded individuals on tests of verbal ability and school achievement (Baker, 1964). A general intolerance for ambiguity is a characteristic manifestation of the closed minded and is symptomatic of high anxiety levels. The anxious

individual, who requires immediate and clear-cut answers, is impatient with conflicting evidence, and tends to exhibit either excessive impulsiveness or excessive cautiousness in decision-making (Smock, 1957).

Gallagher, Sharaf, and Levinson (1965) reported that non-authoritarian or open minded clients tend to be good counseling candidates and are likely to follow through with counseling. Katz, et al (1958) also found that low authoritarianism was predictive of continuation in treatment, but they did not find low authoritarianism to be predictive of improvement or success in counseling. Kemp (1963) speculated that those clients who were open minded would probably benefit more from group counseling than the closed minded. Kemp felt that closed minded persons would tend to avoid the necessary personal involvement in the group.

ACHIEVEMENT

Level of Education

Education has often been assumed to be a factor in counseling success. Yet, it has rarely been the subject of direct test. Sullivan, Miller, and Smelser (1958) indicated that the higher educated showed more improvement, while Lorr and McNair (1964) found little correlation between level of education and therapeutic success. Meltzoff and Kornreich (1970) concluded their review of research on this topic by saying that education does seem to make a difference in the expectation of the client regarding therapy, his acceptance of it, and his remaining in it. Furthermore, they suggest that level of education interacts with other variables in a complex fashion, and until well controlled designs and covariance techniques can partial out the effects of these other variables, a more exact estimate of the effects of formal education cannot be given.

Level of Moral Development

Kohlberg (1968, 1969, 1971) and his colleagues have compiled an extensive research literature on the development of moral thought and action. Following the tradition of Dewey and Piaget, this cognitive developmental research focuses on the forms and structures of thought, rather than on the content of particular moral judgments. Kohlberg has identified three levels of moral development, each of which is divided into two stages. Levels are defined in terms of the degree to which the rules of the culture have been internalized and the extent to which moral judgment is separated from the dictates of authority. Each stage is more differentiated, more integrated in itself, and more general or universal than any previous state. The following is a summary sketch of the stages:

1. Action is motivated by the avoidance of punishment;
2. Action is motivated by the desire for reward or benefit;
3. Action is motivated by the anticipation of disapproval by others;
4. Action is motivated by the anticipation of dishonor and guilt over concrete harm done to others;
5. Action is motivated by a concern for maintaining respect of equals, community and others;
6. Action is motivated by conscience as a directing agent and to principles of choice involving logical consistency and universality. (See Kohlberg and Turiel (1971) for further articulation of these stages.)

Though the research indicates that principles of moral reason cannot be directly taught, Turiel (1969) suggested that a teacher could stimulate the student's thinking to the spontaneous use of the next stage of moral development. To accomplish this the teacher must know the stage the child

is presently at, and help him experience and understand the inadequacies of that stage of moral thinking. This can be achieved by a number of means, but in any case communications at the stage directly above the student's own induce the greatest conflict and are the most successful in stimulating change (Kohlberg and Turiel, 1971). Communication at more than one level above the person's present stage are non-functional and result in frustration and misunderstanding.

The utility of this schema of stages and methods of change for the counselor and therapist is great. Implicit in Kohlberg's work is a theory of communication which may help counselors structure their verbal behavior, especially levels of reflection and interpretation. Sperry (1972) has suggested that a therapist may perceive a client as "unmotivated" or "resistant" because of a discrepancy between the client's level of thinking and the counselor's level of reflection or interpretation.

Knowledge of Kohlberg's schema may also help the counselor in understanding the political learnings of adolescents and adults. People generally progress developmentally from stage to stage, although many never advance beyond stage four. Yet after he has completed his formal education, the person may be inclined to backslide on the stage, sometimes to stage two. Hampton-Turner and Whitten (1971) found that young adults who referred to themselves as politically conservative were usually at stage three or four in making moral judgments. Liberals were typically stage five in their moral judgments. And although most radicals had stage six conscience and principle orientations, a large minority made egocentric or stage two judgments. Whereas the stage six radicals seemed bent on constructively working to change the structure of society, stage two radicals were essentially destruction-bent adolescents who mimicked, misinterpreted and

misrepresented the principled stage six thinkers.

Finally, Kohlberg's schema has some interesting parallels to Carkhuff and Berenson's (1967) five levels of facilitation.

PERSONALITY--MOTIVATION

Personality

The idea that selected personality characteristics of clients may be associated with response to treatment has led to much speculation. For instance, anxiety has been thought to be both desirable and necessary for therapeutic success. In reviewing the research in this area, Meltzoff and Kornreich (1970) concluded that even though some felt anxiety is necessary to motivate the client to undertake treatment, there is no strong case for believing that the level of anxiety has a positive bearing on outcome. Suggestibility, extraversion, and social desirability were likewise suggested as important input variables which would influence outcomes, but research has not really borne out this hypothesis (Meltzoff and Kornreich, 1970).

Frank (1961) has suggested that perseverance, dependability, capacity for self-understanding, previous participation and emotional responsiveness were characteristics associated with being a good candidate for psychotherapy. He added that impulsive persons and socially isolated individuals were poor treatment risks. In terms of counseling, Truax and Carkhuff (1967) suggest that research on this input variable, client personality characteristics, is confused because of lack of controls and adequate research designs, and consequently of little value to the counselor.

Readiness

Meltzoff and Kornreich (1970) state that the term readiness has been

ill-defined in the past and is conceptually confused with other concepts. It is a broader term than "motivation for treatment" since a client who is "motivated" may not be "ready" for treatment. However ill-defined the term, much research has been done on readiness. Heilbrun (1964) developed the Counseling Readiness Scale, adapted from Gough's Adjective Check List and based on responses of clients at a university counseling center. Among males, Heilbrun found that high counseling readiness was related to low self-acceptance and high dependency. Among women, counseling readiness was related to lack of concern with maintaining social appearance and low dependency. Among both men and women, counseling readiness was inversely related to ability to think in psychological terms and willingness to take responsibility. Heilbrun concluded that these findings further support his observation that males who continue in counseling tend to have "feminine" personality characteristics, while females who remain tend to be more "masculine"(Heilbrun, 1961). Finally, Truax and Carkhuff (1967) have noted that readiness may be influenced more by counselor expectation than by specific client characteristics.

Motivation

Another of the basic axioms held by many counselors and therapists is that a client has to be motivated and want to change if any change is to take place. There is ample evidence that therapists and counselors prefer well-motivated clients and select them when possible. In reviewing the research in this area Meltzoff and Kornreich (1970) concluded that initial motivation does not appear to be a necessary or sufficient condition for success, but the mergence and fostering of motivation during the therapeutic process is considerably important.

Lewis (1970) considers the problem of a counselor dealing with an

individual who is not motivated for counseling. For example, a high school or college student who is referred because of a disciplinary infraction, or a spouse of an individual who comes for marriage counseling. Lewis suggests that the counselor should talk to the reluctant client and attempt two things. First, the counselor should accept the client's negativism and encourage him to discuss the reasons behind it. Secondly, the counselor should try to lay the groundwork such that if the individual later recognizes a need for counseling, he will not be hesitant in returning.

A frequent suggestion in the literature is that the counselor or therapist should recognize that motivation is not an all-or-nothing proposition, but rather that motivation is a continuum which can change as a result of client anxiety, peer group pressure, or the counselor's expectancy.

Client--Counselor Similarity

A large number of studies have tested the hypothesis that the greater the similarity between client and counselor, the greater the likelihood of success. A review of the research shows that this hypothesis has yet to be supported (Meltzoff and Kornreich, 1970).

ENTERING PROBLEM

Diagnosis and severity of maladjustment are the last two client input variables to be considered in this chapter.

Diagnosis

In their review of the literature on diagnostic groupings and therapy outcomes, Meltzoff and Kornreich (1970) have found that due to poorly controlled research, few generalizations are possible. With regard to psychoneurotic reactions and personality disorders, two well controlled investigations

are worthy of note. Morton (1955) showed that students with impaired personal and social adjustment showed more improvement on test measures and global ratings after very brief individual therapy than did untreated controls. Shlien, Mosak and Dreikurs (1962) reported significant improvement in self-concept with individual time-limited and unlimited therapy, as compared with a no treatment control group. The treatment methods were mainly client-centered and Adlerian therapy. Many less well controlled studies reported in the literature also report positive results. In general, most research in this area is too defective to provide any helpful information to the counselor or therapist.

Studies of the treatment of phobic reactions are, for the most part, poorly controlled. Those with adequate research designs are usually of behaviorally-oriented treatment. See, for example, Lazarus (1961) who described successful treatment of acrophobia, claustrophobia, and sex phobia; and Paul (1966), fear of public speaking. Both researchers compared Wolpe's systematic desensitization with insight therapy.

A great many claims have been made about the effectiveness of therapy with individuals having psychosomatic disorders, yet controlled research has yet to substantiate these claims. On the other hand, there is some research dealing with the effectiveness of therapy with anti-social behavior problems. Generally, it is believed that clients with such problems are poor therapeutic risks. Yet data from Gersten (1951), Newburger (1963) and Truax, Wargo, and Silber (1966) has shown overwhelmingly positive results with consequent improvement in such areas of functioning as school achievement, discipline, and employment records.

Good studies on treatment of alcoholism are few and far between. Ends and Page (1959) and McGinnis (1963) in well controlled studies found

decreases in drinking behavior and increases in ego strength, respectively.

Finally, although therapy success is not usually associated with treatment of mental defectives, at least three studies (Yonge and O'Connor, 1954; Snyder and Seechrest, 1959; and Wilcox and Guthrie, 1957) have reported positive outcomes. Meltzoff and Kornreich (1970) caution that therapy goals in each of these studies were limited in scope.

Severity of Adjustment

It only seems reasonable that an individual with minor problems should be easier to help, and consequently be more likely to change or improve than someone with more severe problems. Meltzoff and Kornreich (1970) have noted, however, that this is not always the case. There exists a great diversity of results in many studies of this hypothesis. Only when this research is conceptualized in terms of rates of gains, rather than declines, can the research provide more complete and less ambiguous answers.

A COUNSELING RESEARCH PROGRAM BASED ON INDIVIDUAL CLIENT DIFFERENCES

In commenting on Campbell's (1965) 25 year follow-up study of students at the University of Minnesota, Noble (1967) felt that the Campbell study epitomized outcome research which ignored both individual differences in process and pre-treatment variables among clients and control subjects. In its place Noble suggested a research strategy which concerned all dimensions of counseling performance.

In this three-phase program Noble suggested:

I. First, client input variables which the literature indicates have differential predictive value would be identified. Then, appropriate assessment devices to measure these differences would be administered to a total population of a college or high school. Noble suggested

these predictors: locus of control, anxiety, achievement orientation, affiliative need, verbalization, introspection, cognitive style, ability to take responsibility, exploration of feelings, intelligence, and attitude toward parents. After this assessment, voluntary counseling would be made available. Comparisons of volunteers and non-volunteers could then be made to determine how the two groups differ and how much homogeneity exists within groups. A replicable counseling treatment would ensue for the volunteers and other replicable non-counseling treatments would be offered to non-volunteers.

II. The second phase will ascertain who profited most from the counseling treatment. A variety of criterion measures including GPA, persistence in college, study habits, satisfaction with life, etc., would be collected and analyzed. Analysis of those who profited most and least from the counseling treatment would be conducted, and if necessary, follow-up interviews would be employed.

III. In the last phase, students will be selected for counseling on the basis of the predictors established in phase I, and counseling intervention would be matched to their needs. Changes in these students' criterion scores could then be compared with a random group of students who receive the same treatment, and a group of students with similar predictor scores who receive no treatment.

At this time, Noble's comprehensive research strategy has not progressed beyond phase one. However, there is little doubt that the insights gained from such a study would greatly increase the counselor's confidence and understanding of his efforts to maximize counseling performance.

SUMMARY

This paper was concerned with a review of the research relating to individual differences in clients, or client input variables. In light of these findings it appears that such conventions as the YAVIS rule of thumbs have limited utility and appropriateness as a means for selecting clients for counseling. However, these research findings imply that there is, in fact, the possibility that many more prospective clients can be accepted for counseling and benefit from it, provided the counselor is willing to rid himself of the stereotyped notions of what constitutes a "good" client.

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